

INITIAL APPLICATION
CITY OF ELIZABETHTOWN
MINIMUM LICENSE FEE

Name of Owner _____
Business Name _____ Phone No. _____
Business Address _____
Mailing Address _____
(if different from above)
Federal I.D. Number _____
Type of Business _____
Have All Other City, County & State Requirements Been Met? _____
Does This Usage Meet City Zoning Requirements? Yes _____ No _____
Number of Employees _____
Accounting Period: Calendar Year _____ Fiscal Year Ending _____
Do you rent or lease a location in Elizabethtown? YES / NO If yes, list Landlord's name & address:

It is understood that the City of Elizabethtown has an occupational license fee on net profits from business conducted within the City. A minimum license fee must be paid and an annual return filed whether or not the business has shown a profit. It is also understood that the license fee must be withheld from earnings of employees and remitted to the City quarterly.

It is further understood that the City Finance Director has the right to withhold issuance of an initial business license or revoke a current business license should it come to his attention that the applicant's place of business is in violation of any of the requirements of the City's Zoning and Subdivision Ordinance. In some instances, a release form from the City of Elizabethtown's Department of Planning & Development may be required as a part of this application in order for a license to be issued.

Date _____ Owner's Signature _____

MAIL TO: Director of Finance
PO Box 550
Elizabethtown, KY 42702

FOR OFFICE USE ONLY

*** Verification of Proper zoning

City I.D. No. Assigned _____

Initials _____

Date _____

Business Release No. _____

Please return white copy with your remittance of \$25.00



**RENEWAL
APPLICATION**

City I.D.
Number Assigned:

CITY OF ELIZABETHTOWN

MINIMUM LICENSE FEE

DUE JANUARY 31,

*Make Corrections below as needed.
Complete any missing information.*

Phone No.

Name of Owner _____

Business Name _____

Mailing Address _____

Physical Location in Elizabethtown _____
(If different from Mailing Address)

Do you rent or lease a location in Elizabethtown? **YES / NO** If Yes, List Landlord's Name & Address Below:

Contact Person _____ Contact Phone Number _____

Federal I.D. Number _____ Type of Business _____

Contact email _____

Number of Employees _____ Do they receive a W2? **YES / NO** Do you pay anyone as an Independent Contractor and issue a 1099 at year end? **YES / NO**

Accounting Period: Calendar Year _____ Fiscal Year Ending _____

It is understood that the City of Elizabethtown has an Occupational License Fee on Net Profits from business conducted within the City. A minimum license fee must be paid and an annual return filed whether or not the business has shown a profit. It is also understood that the license fee must be withheld from earnings of the employees and remitted to the City quarterly. It is further understood that the City Finance Director has the right to withhold issuance of a business license or revoke a current business license should it come to his attention that the applicant's place of business is in violation of any of the requirements of the City Zoning and Subdivision Ordinance.

Date _____ Owner's Signature _____

Mail to: Director of Finance

P.O. Box 550

Elizabethtown, KY 42702-0550

Please return this copy with your remittance of \$25.00

Forms available at www.elizabethtownky.org

CITY OF ELIZABETHTOWN, KY. EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD QUARTERLY RETURN
 LICENSE FEE DIVISION UNDER ORDINANCE 2006-09

1. Total No. Employees _____ Taxable Employees _____			I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct.
2. TOTAL WAGES PAID TO ALL EMPLOYEES (*)--GROSS \$ _____			
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID FOR SERVICES OUTSIDE OF ELIZABETHTOWN) _____			(SIGNED) _____
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) _____			(OFFICIAL TITLE) _____ / /
5. ACTUAL TAX DUE FOR QUARTER AT 1.35 % \$ _____			Owner, Partner, Member, President, _____ Date
6. INTEREST (1.00% PER MONTH) _____			Treasurer, Agent
7. PENALTY (5% PER MONTH) NOT TO EXCEED 25 % (A Minimum Penalty of \$25.00 if Delinquent) _____			Make Check Payable To:
8. TOTAL INCLUDES INTEREST AND PENALTY IF DELINQUENT _____			CITY OF ELIZABETHTOWN

Mail To:
 Director of Finance
 P.O. Box 550
 Elizabethtown, KY 42702-0550

FOR QUARTER ENDING 3/31/20

DUE ON OR BEFORE 4/30/20

* If no wages were paid this quarter, mark "NONE" and return this form with explanation.
 Notify Dept. of Finance, City of Elizabethtown, of change in ownership or name and address shown above.

This Return must be filed on or Before Date Due Shown

CITY OF ELIZABETHTOWN, KY. EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD QUARTERLY RETURN
 LICENSE FEE DIVISION UNDER ORDINANCE 2006-09

1. Total No. Employees _____ Taxable Employees _____			I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct.
2. TOTAL WAGES PAID TO ALL EMPLOYEES (*)--GROSS \$ _____			
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID FOR SERVICES OUTSIDE OF ELIZABETHTOWN) _____			(SIGNED) _____
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) _____			(OFFICIAL TITLE) _____ / /
5. ACTUAL TAX DUE FOR QUARTER AT 1.35 % \$ _____			Owner, Partner, Member, President, _____ Date
6. INTEREST (1.00% PER MONTH) _____			Treasurer, Agent
7. PENALTY (5% PER MONTH) NOT TO EXCEED 25 % (A Minimum Penalty of \$25.00 if Delinquent) _____			Make Check Payable To:
8. TOTAL INCLUDES INTEREST AND PENALTY IF DELINQUENT _____			CITY OF ELIZABETHTOWN

Mail To:
 Director of Finance
 P.O. Box 550
 Elizabethtown, KY 42702-0550

FOR QUARTER ENDING 6/30/20

DUE ON OR BEFORE 7/31/20

* If no wages were paid this quarter, mark "NONE" and return this form with explanation.
 Notify Dept. of Finance, City of Elizabethtown, of change in ownership or name and address shown above.

This Return must be filed on or Before Date Due Shown

CITY OF ELIZABETHTOWN, KY. EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD QUARTERLY RETURN
 LICENSE FEE DIVISION UNDER ORDINANCE 2006-09

1. Total No. Employees _____ Taxable Employees _____			I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct.
2. TOTAL WAGES PAID TO ALL EMPLOYEES (*)--GROSS \$ _____			
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID FOR SERVICES OUTSIDE OF ELIZABETHTOWN) _____			(SIGNED) _____
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) _____			(OFFICIAL TITLE) _____ / /
5. ACTUAL TAX DUE FOR QUARTER AT 1.35 % \$ _____			Owner, Partner, Member, President, _____ Date
6. INTEREST (1.00% PER MONTH) _____			Treasurer, Agent
7. PENALTY (5% PER MONTH) NOT TO EXCEED 25 % (A Minimum Penalty of \$25.00 if Delinquent) _____			Make Check Payable To:
8. TOTAL INCLUDES INTEREST AND PENALTY IF DELINQUENT _____			CITY OF ELIZABETHTOWN

Mail To:
 Director of Finance
 P.O. Box 550
 Elizabethtown, KY 42702-0550

FOR QUARTER ENDING 9/30/20

DUE ON OR BEFORE 10/31/20

* If no wages were paid this quarter, mark "NONE" and return this form with explanation.
 Notify Dept. of Finance, City of Elizabethtown, of change in ownership or name and address shown above.

This Return must be filed on or Before Date Due Shown

**CITY OF ELIZABETHTOWN, KY.
LICENSE FEE DIVISION**

**EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD
UNDER ORDINANCE 2006-09**

QUARTERLY RETURN

1. Total No. Employees _____ Taxable Employees _____		I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct.
2. TOTAL WAGES PAID TO ALL EMPLOYEES (*)--GROSS \$ _____		
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID FOR SERVICES OUTSIDE OF ELIZABETHTOWN) _____		(SIGNED) _____
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) _____		(OFFICIAL TITLE) _____ / /
5. ACTUAL TAX DUE FOR QUARTER AT 1.35 % _____ \$ _____		Owner, Partner, Member, President, _____ Date _____
6. INTEREST (1.00% PER MONTH) _____		Treasurer, Agent _____
7. PENALTY (5% PER MONTH) NOT TO EXCEED 25 % (A Minimum Penalty of \$25.00 if Delinquent) _____		Make Check Payable To: CITY OF ELIZABETHTOWN
8. TOTAL INCLUDES INTEREST AND PENALTY IF DELINQUENT _____		Mail To:

Director of Finance
P.O. Box 550
Elizabethtown, KY 42702-0550

FOR QUARTER ENDING 12/31/20

DUE ON OR BEFORE 1/31/20

* If no wages were paid this quarter, mark "NONE" and return this form with explanation.
Notify Dept. of Finance, City of Elizabethtown, of change in ownership
or name and address shown above.

This Return must be filed on or Before Date Due Shown

**CITY OF ELIZABETHTOWN, KY.
LICENSE FEE DIVISION**

**EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD
UNDER ORDINANCE 2006-09**

QUARTERLY RETURN

INSTRUCTIONS FOR PREPARING AND FILING FORM

Each employer (except those specifically exempt by ordinance) of one or more persons must withhold the license fee of 1.35% from gross salaries, wages, and commissions paid. All Employees are subject to the license fee except domestics, including employees of organizations in a business that is not subject to the license fee. Effective January 1, 1971.

Quarterly Return

A quarterly return for all license fees withheld must be filed and the license fee paid by the last day of the month following the close of the calendar quarter. An employer shall be liable to a fine and imprisonment as provided by ordinance for failure to file a return and / or to pay the license fee or for filing a fraudulent return. Interest and penalties are also provided for late filing.

Item 1 Enter total amount of employees and number of taxable employees.

Item 2 Enter total salaries, wages, commissions, incentive payments, bonuses and other compensation paid to all employees during quarter for which return is prepared. Per KRS 67.750, taxable salaries shall include the total gross amount of wages, including employee contributions to retirement plans, fringe benefits, etc. If no salaries, wages or other compensation was paid during the quarter, so indicate and file form with explanation.

Item 3 Enter that portion of the compensation paid employees for services rendered outside of the City of Elizabethtown.

Item 4 Represents the difference between items 2 and 3.

Item 5 Multiply line 4 by 1.35%.

Item 6 For each 30 days or fraction thereof that the return or payment is late, multiply line 5 by 1% (.01).

Item 7 For each 30 days or fraction thereof that the return or payment is late, multiply line 5 by 5%.

The maximum penalty due is 25 % of line 5. The penalty shall not be less than \$25.00.

Item 8 Enter the total of line 5, line 6 and line 7.

Forms available at www.elizabethtownky.org

RECONCILIATION OF ELIZABETHTOWN LICENSE FEES WITHHELD

For the Year Ending December 31, 2012

Page 1 of _____ Pages

Forms available at www.elizabethtownky.org

Due By February 28, 20

1. Total number of employees listed hereon: _____
2. Total number of employees subject to license fee withholding: _____
3. Total Gross Wages Paid: \$ _____
4. Total Wages not taxable to City of Elizabethtown: _____
5. Taxable Wages Paid: \$ _____
6. Elizabethtown License Fee: _____
7. Total License Fees due to Elizabethtown: \$ _____ 1.35 %
8. License Fees Paid for Quarter Ending _____
- Identification Number: _____

Identification Number/ Name and Address

11. Overpayment (Line 9 minus Line 7)				\$
SOCIAL SECURITY NO.	EMPLOYEE NAME	GROSS WAGE PAID	TAXABLE WAGES PAID	ELIZABETHTOWN LIC. FEE (Taxable Wages x 1.35 %)
Total for This Page		\$	\$	\$
TOTALS FOR ALL PAGES		\$	\$	\$

(If not complete on this page, attach continuation sheet)



NET PROFITS LICENSE FEE RETURN
CITY OF ELIZABETHTOWN

City I.D.
Number Assigned:

RETURNS MUST BE FILED WITH SUPPORTING SCHEDULES ATTACHED
Sole Proprietor-Form 1040, Schedule C or E C Corporation-Form 1120
Partnership-Form 1065 S Corporation-Form 1120S

CALENDAR YEAR :
OR
FISCAL YEAR ENDED 12
MO. DAY YEAR

DUE DATE : 4/15/
(105 days from close of fiscal year)

(PRINT NAME AND ADDRESS ABOVE - CHANGE IF NOT CORRECTLY SHOWN)

ANSWER ALL QUESTIONS FULLY

1. Check Which ☐ Corporation, ☐ Partnership, ☐ Individual Owner, ☐ Fiduciary, ☐ Other
2. Was Organization Discontinued? Date _____ by Dissolution ☐ or Sale ☐
3. Do you lease your location in Elizabethtown? YES / NO _____
If Yes, List Name and Address of Landlord -> _____

SCHEDULE A

1. Net Income Per Federal Return: Form 1120 _____ Form 1065 _____ \$ _____
1040 Schedule C _____ 1040 Schedule E _____ Other _____ \$ _____
2. Less: Income Not Subject to Elizabethtown from Schedule B _____ \$ _____
3. Add: Items Not Deductible from Schedule B _____ \$ _____
4. Total Net Profits Subject to License Fee _____ \$ _____
5. Allocation Factor from Schedule C _____ \$ _____
6. Taxable Income (Line 5 x Line 4) _____ \$ _____
7. Elizabethtown License Fee (Line 6 x 1.35 %) _____ \$ _____
8. Interest 1.00% Per Month if Delinquent _____ \$ _____
9. Penalty 5% Per Month not exceeding 25 % if Delinquent _____ \$ _____
10. Less Credits for Minimum License Fee Paid _____ DCR# _____ \$ _____
11. TOTAL DUE _____ \$ _____
12. Less Estimated Payments _____ \$ _____
13. BALANCE DUE (If less than Zero, Enter Zero) _____ \$ _____ <--PAY

INCOME NOT SUBJECT-DEDUCT

1. Interest Income _____
2. Dividend Income _____
Total Deductions _____
(Enter on Line 2 Schedule A)

SCHEDULE B

ITEM NOT DEDUCTIBLE-ADD

1. \$25.00 Minimum License Fee _____
2. State/Local Income Taxes _____
3. Net Operating Loss Claimed _____
4. Guaranteed Payments to Partners _____
(Form 1065 only)
Total Additions _____
(Enter on Line 3 Schedule A)

ALLOCATION FACTORS SCHEDULE C

1. Total Business Receipts Factors
2. Total Wages, Salaries & Other Personal
Service Compensation Paid to Employees
3. Total Percents
4. Average Percentage
(Line 3 divided by number of percents)

COL. A E'TOWN FACTOR	COL. B TOTAL FACTOR	COL. C PERCENTAGE

I HEREBY CERTIFY That the statements made herein and any supporting schedule or exhibit are true, correct and complete. (Signature of License Fee Payer)

MAKE CHECK OR MONEY ORDER PAYABLE TO:
DIRECTOR OF FINANCE, CITY OF ELIZABETHTOWN, KY
P.O. BOX 550, ELIZABETHTOWN, KY 42702-0550

DATE _____ 20____

Forms available at www.elizabethtownky.org